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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>091528964</u>	FILING DATE <u>3/20/00</u>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<u>2</u>						TOTAL IND.						
TOTAL DEP.	<u>11</u>						TOTAL DEP.						
TOTAL CLAIMS	<u>13</u>						TOTAL CLAIMS						

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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